

December 6, 2000

Box Patent Application
Commissioner For Patents
Washington, D. C. 20231

Enclosed herewith for filing is a patent application, as follows:

Inventors: MOTOZAWA, Yasuki and YOSHIDA, Kazuya

Title: OCCUPANT PROTECTIVE APPARATUS

☒ Return Receipt Postcard
☒ This Transmittal Letter (in duplicate)
12 page(s) Specification ☒ and Title Page (not including claims)
2 page(s) Claims
1 page Abstract
5 Sheet(s) of Drawings
1 page(s) PTO Form 1449 citing one (1) reference
☒ Copy(ies) of one (1) cited reference submitted

CLAIMS AS FILED

| For | Number | | Number | | Rate | | Basic Fee |
|--------------------------|--|-------|--------|---|----------|---|-----------|
| Total Claims | Filed | | Extra | | | | |
| | 5 | -20 = | 0 | x | \$ 18.00 | = | \$ 710.00 |
| | | | | | | | \$ 0.00 |
| Independent Claims | 1 | -3 = | 0 | x | \$80 | = | \$ 0.00 |
| <input type="checkbox"/> | Fee of _____ for the first filing of one or more multiple dependent claims per application | | | | | | \$ |
| <input type="checkbox"/> | Fee for Request for Extension of Time | | | | | | \$ |

Please make the following charges to Deposit Account 19-2386:

- ☒ Total fee for filing the patent application in the amount of \$ 710.00
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 19-2386.

EXPRESS MAIL LABEL NO:

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Respectfully submitted,

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